

Name
in
Full

CERTIFICATE OF DEATH

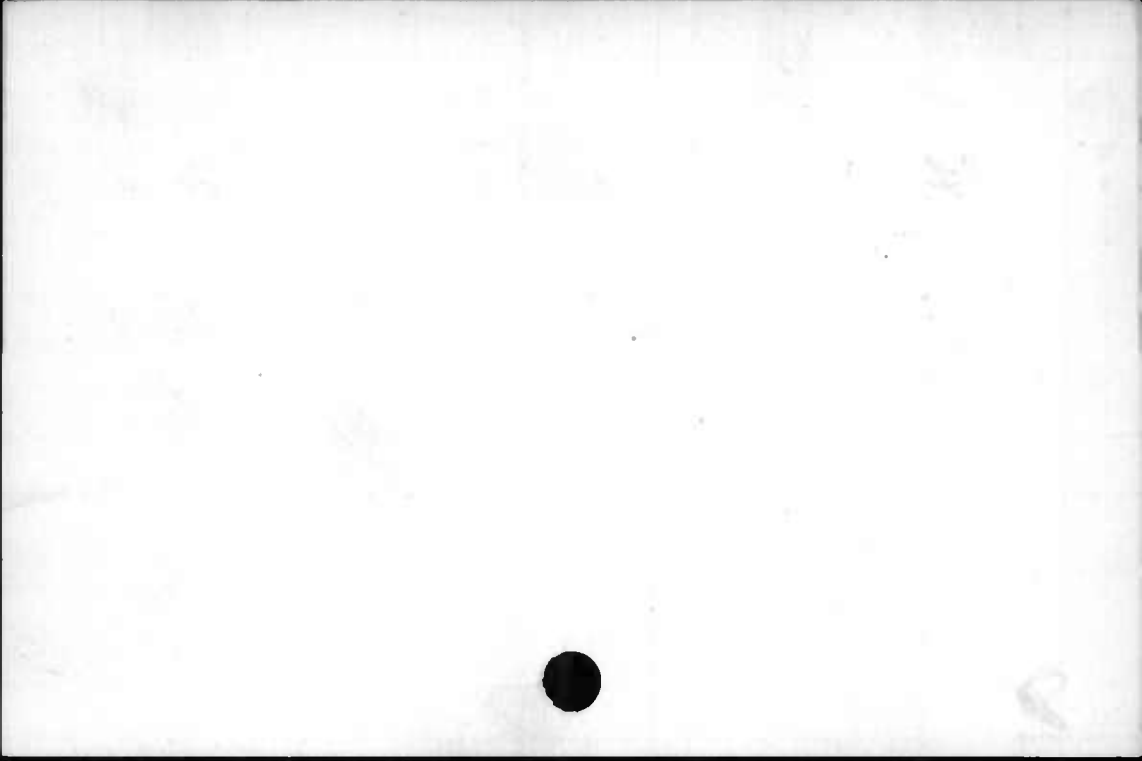
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert Jefferson Benjamin</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>Oct.</i>		Day <i>11</i>		Years <i>63</i>	
Date of death		<i>1906</i>		<i>2</i>		<i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lancaster Co. Pa.</i>			
Occupation <i>Railroad Superintendent</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Allice N. Benjamin</i>					
Father's Name <i>Geo. A. Benjamin</i>		Father's Birthplace					
Mother's Maiden Name <i>Francesco Greider</i>		Mother's Birthplace					
Name of person giving information <i>Besta Benjamin Wallop</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malaria Fever and Rheumatism</i>	How long	<i>4 or 5 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>a few hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>D. M. Clemens M.D.</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



Name
in
Full

Berula E. Bennett

CERTIFICATE OF DEATH

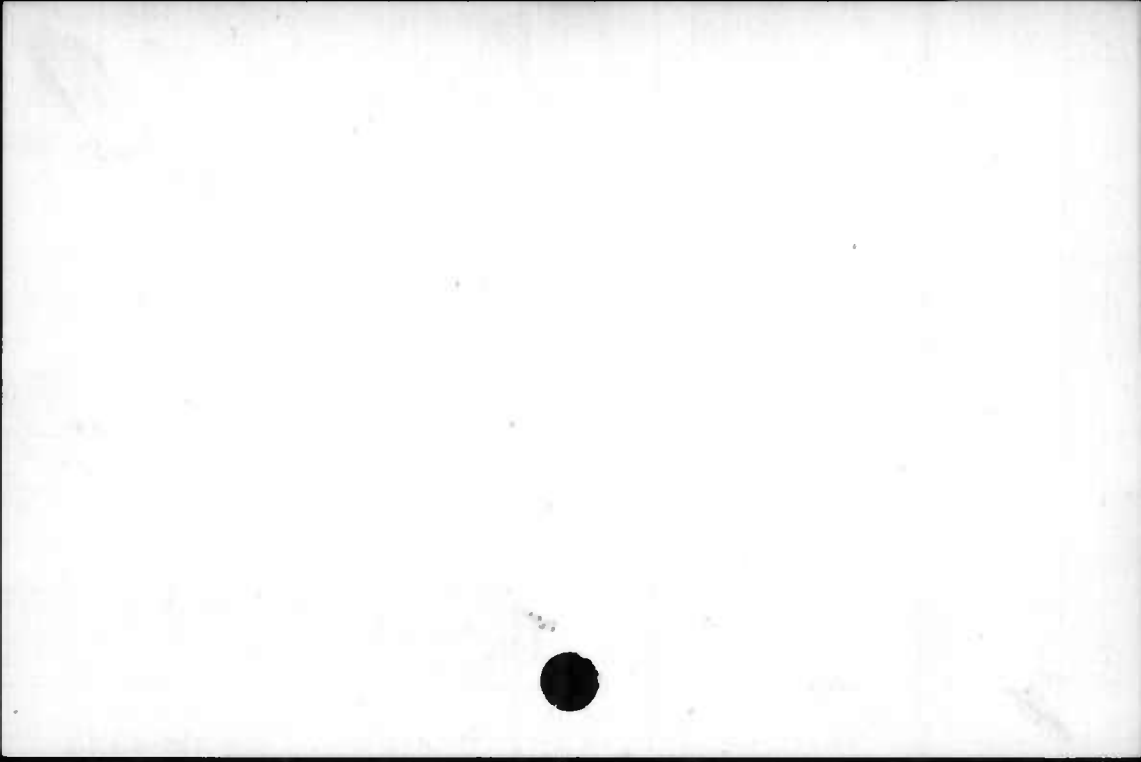
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marcella</i> Town		<i>McComie</i> County		MARYLAND		
Date of death <i>1906</i>	Month <i>10</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>— —</i>			Where Residing if not at place of death <i>md</i>			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name			Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Annie Holmes</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>2 months</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Louis N. Wilson</i>	
		Address <i>Marcella Springs</i>	
Accident or Suicide? <i>— —</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Blake*

Died at *Salisbury* Town *Wicomico* County

Date of death *1906* Month *Oct* Day *7* Age *102* Years Months *4* Days

Sex *male* Color or Race *Black* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Handy Blake* Father's Birthplace *Md*

Mother's Maiden Name *Leah Blake* Mother's Birthplace *Md*

Name of person giving information *Leah Humphreys* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

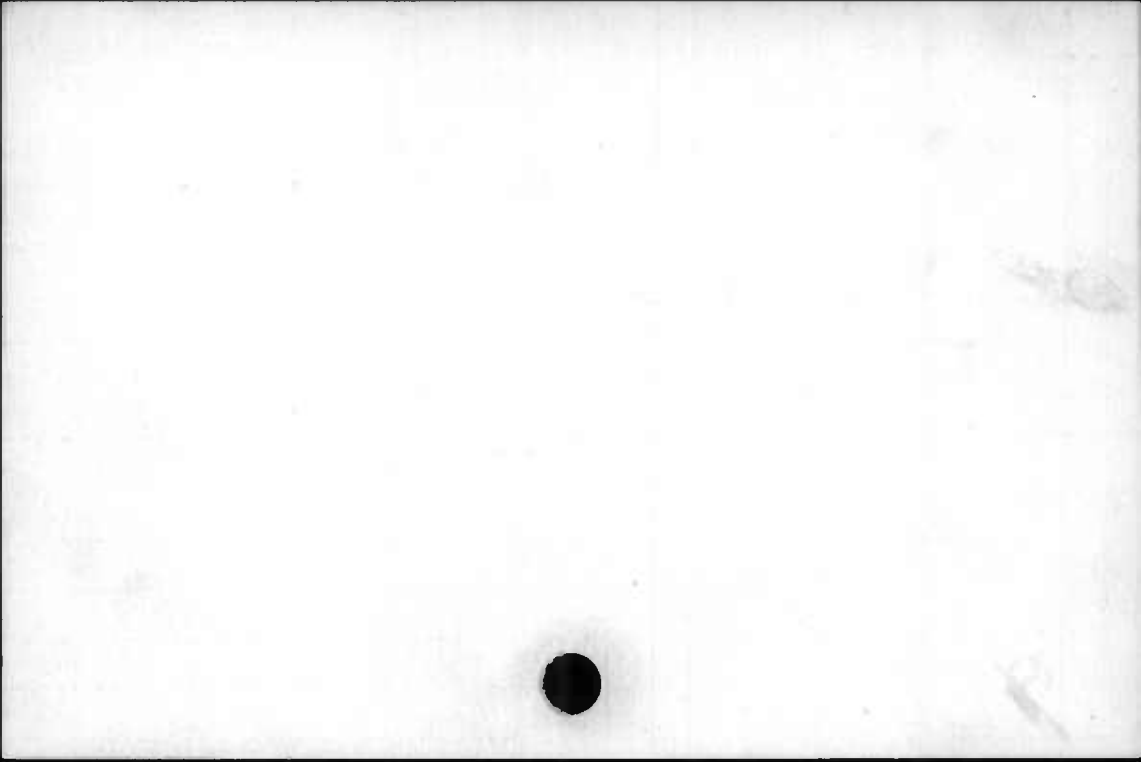
Primary *Old Age* How long *154*

Immediate *Heart Failure* How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr C R Truitt* Address *Salisbury Md*

Accident or Suicide? ☒



Name
in
Full

Maud E. Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fruittland</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Oct.</u> <small>Month</small>	<u>9th</u> <small>Day</small>	Age <u>17</u> <small>Years</small>	<u>14</u> <small>Months</small>	<u>14</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>			
Occupation <u>~~~~~</u>			Where Residing if not at place of death <u>~~~~~</u>		
Married Single <u>Single</u>		Name of Wife or Husband <u>~~~~~</u>			
Father's Name <u>John Crouch</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ann E. Dickson</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Benjamin P. Dickson</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>No Doctor had been to see the child lately</u>	How long <u>~~~~~</u>
Immediate <u>I do not know It was very feeble from birth</u>	How long <u>~~~~~</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. C. Hill</u>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <u>Salisbury</u>
	<u>Undertaker</u> <u>Med.</u>



Name
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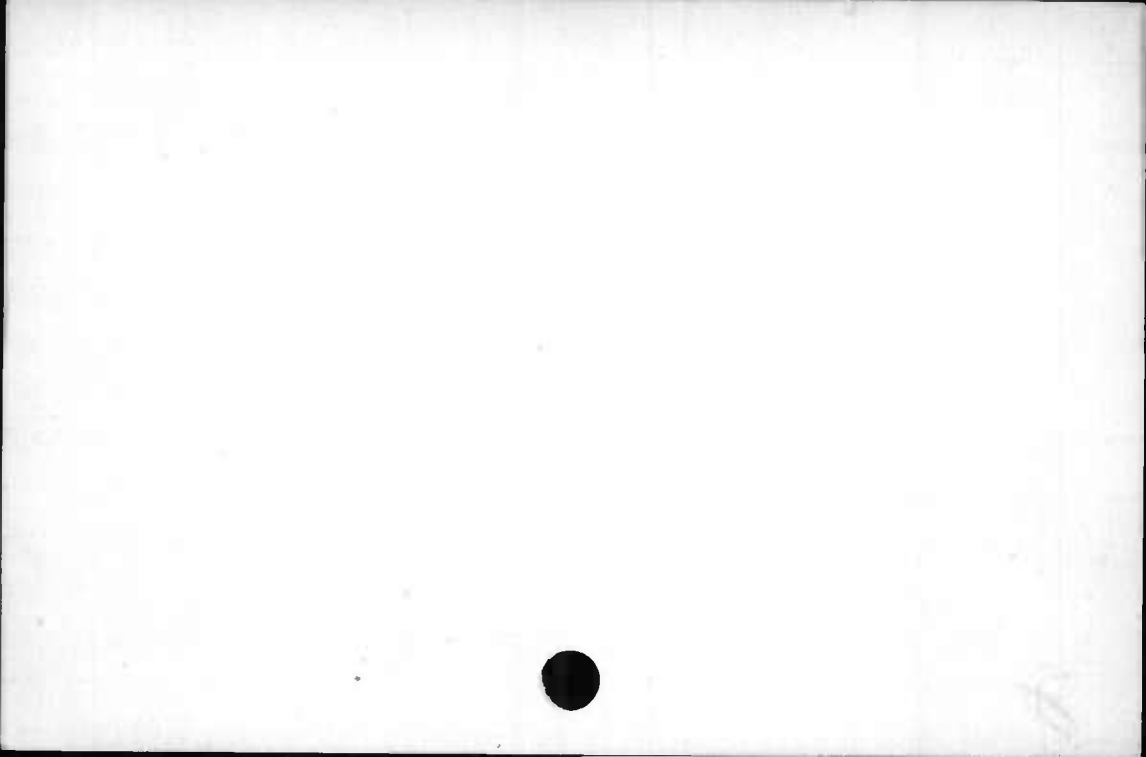
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct.	13 th	62			
Sex	Female		Color or Race	Black		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		At Hebron Md.		
Married, Single or Widowed	Widow		Name of Wife or Husband		Charles Dashiell		
Father's Name	~~~~~					Father's Birthplace	~~~~~
Mother's Maiden Name	Ann Waller					Mother's Birthplace	Maryland
Name of person giving information	Geo. W. Dashiell					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Don't know	How long	~~~~~
Immediate	Meningitis	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes?	Signature of Physician	Lis. W. Todd
		Address	Salisbury Md
Accident or Suicide?			



Name
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Full

William T. English

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mardela Springs</i>		Town <i>McComies</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>24</i>	Age <i>72</i>	Years	Months <i>6</i>	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>Md.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Mardela-sprgs</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Sarah E. English</i>						
Father's Name <i>Thomas, English</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Mary, Biter</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information		How related to deceased					

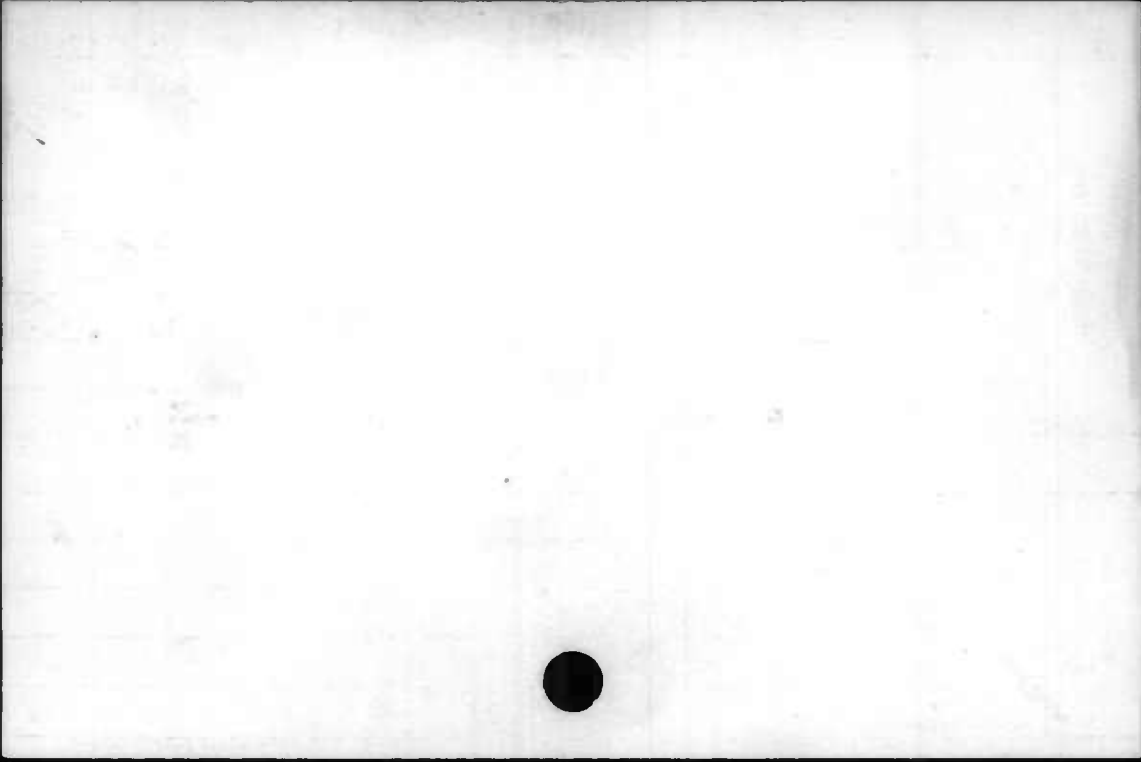
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2 years</i>
Immediate <i>Uremia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Eldredge.</i>
	Address <i>Mardela Spr Md.</i>
Accident or Suicide?	



Name in Full		Ella Froumy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Altus</u> Town		County <u>Mic</u>		MARYLAND	
		Date of death <u>1906</u> Month <u>Oct</u> Day <u>16</u>	Age <u>26</u> Years		Months <u>—</u>	Days <u>—</u>	
		Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Mic Co</u>			
		Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>—</u>				
		Married, <u>Single</u> or <u>Widowed</u>	Name of Wife Husband <u>Erasmus Froumy</u>				
PHYSICIAN OR CORONER		Father's Name <u>Hansen Black</u>		Father's Birthplace <u>Mic Co</u>			
		Mother's Maiden Name <u>Auricy Peter</u>		Mother's Birthplace <u>" "</u>			
		Name of person giving information <u>Erasmus Froumy</u>		How related to deceased <u>Husband</u>			
		CAUSES OF DEATH					
		Primary <u>Septicemic</u>		How long <u>120</u>			
Immediate <u>Heart - Lung</u>		How long <u>—</u>					
Are the name, age, sex, color, date and place correctly given above? <u>I think so</u>		Signature of Physician <u>J. B. Long</u>		Address <u>Altus</u>			
<u>Accident or Suicide?</u>		<u>—</u>					



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John H. Goslee* Town *Wheatland* County *Hic*

Died at *Wheatland*

Date of death *1906* Month *10* Day *20* Age *37* Years Months *8* Days *4*

Sex *Male* Color or Race *White* Birthplace *Hic Co*

Occupation *Merchant* Where Residing if not at place of death

Married, ~~Single~~ Name of Wife *Dallie E. Goslee* ~~Wife~~ ~~Husband~~

Father's Name *Wm J. Goslee* Father's Birthplace *Sumr Co*

Mother's Maiden Name *Sarah E. Leathbury* Mother's Birthplace *Sumr "*

Name of person giving information *Frank T. Bailey* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

How long

How long

Accident or Suicide?



Name
In
Full

Ethel L. Guthrie

CERTIFICATE OF DEATH

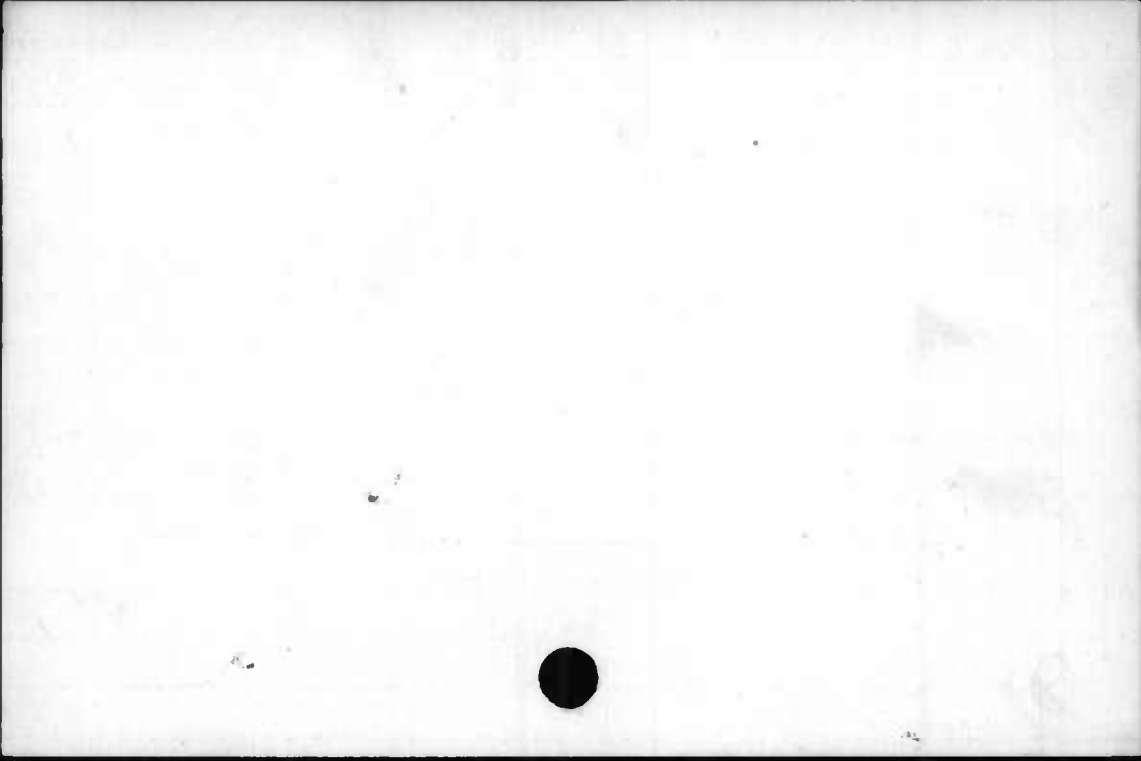
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Oct.</i> <small>Month</small>	<i>12-1</i> <small>Day</small>	Age <i>20</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ernest C. Guthrie</i>				
Father's Name <i>William H. Milbourne</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Eliza Lettleton</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Ernest C. Guthrie</i>	How related to deceased <i>Husband</i>				

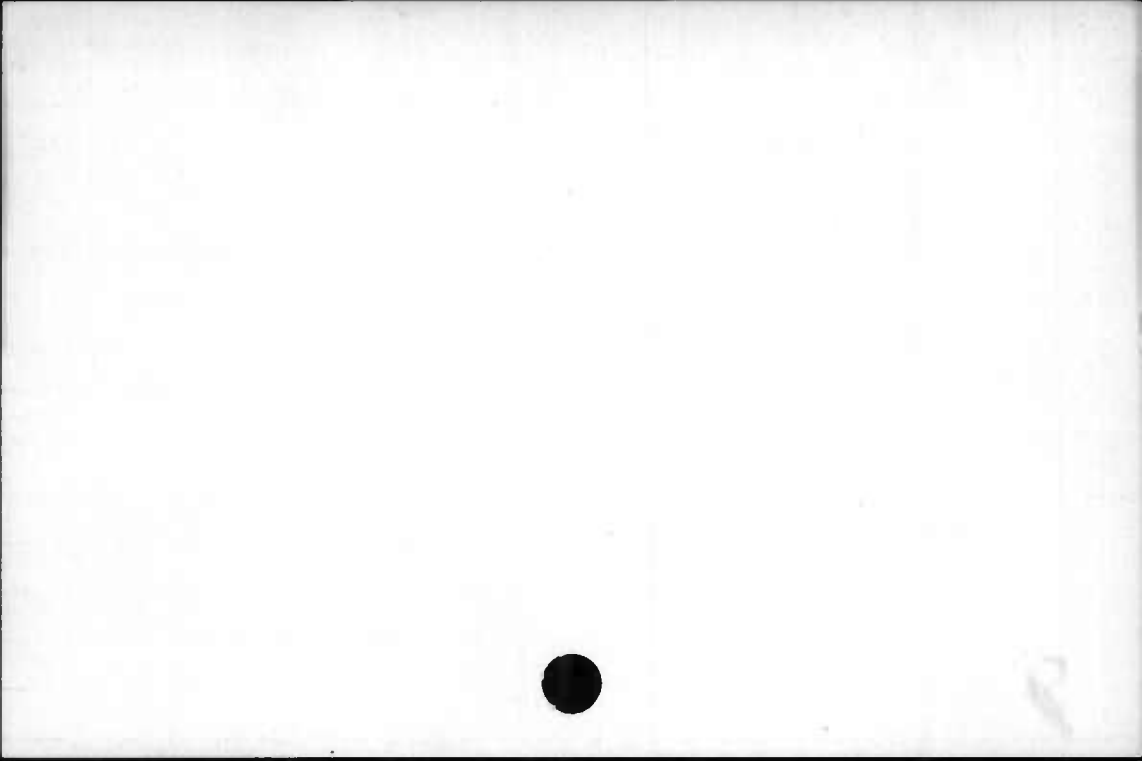
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 or 5 weeks</i>
Immediate <i>Hemorrhage</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full		Solomon Humphreys				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Salisbury		County		Wicomico
	Date of death		1906	Month	Oct.	Day	27 th
			Age	67	Years		Months
	Sex		Male	Color or Race		Negro	Birth-place
	Occupation		Farmer	Where Residing if not at place of death			
	Married, Single or Widowed		Married	Name of Wife or Husband		Leah Ann Humphreys	
	Father's Name		Not Known	Father's Birthplace			
	Mother's Maiden Name		Chloe Humphreys	Mother's Birthplace		Maryland	
Name of person giving information		Francis H. Jones		How related to deceased		None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		S. Grippe		How long		10
	Immediate		Hunt failure of treatment		How long		3 or 4 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Louis A. McCombs M.D.
					Address		Salisbury Md.
Accident or Suicide?							



Name
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CERTIFICATE OF DEATH

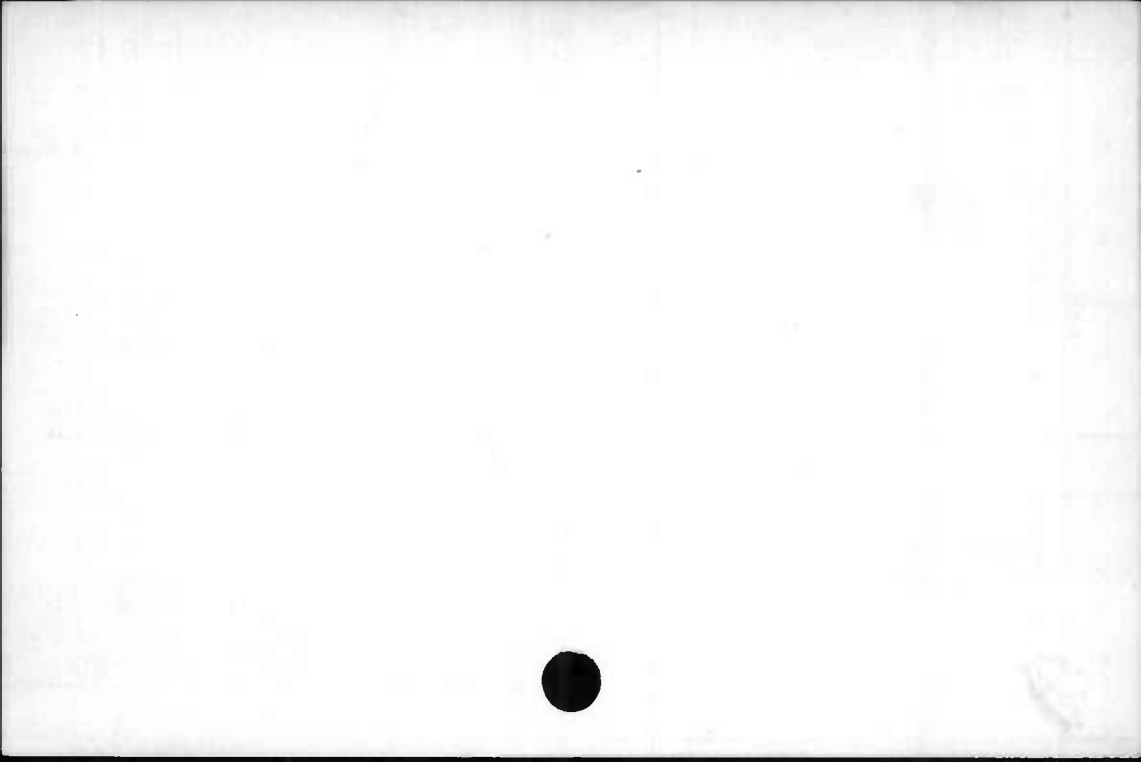
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph C. Houston		Town Salisbury		County Wicomico		MARYLAND	
Died at Salisbury		Month Oct		Day 11		Age 3 Years 4 Months 4 Days	
Date of death 1906 Oct 11		Sex male		Color or Race White		Birth-place Salisbury, Md	
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Philip S. Houston		Father's Birthplace Md					
Mother's Maiden Name Clara P. Germin		Mother's Birthplace Md					
Name of person giving information Philip S. Houston		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Indigestion & Malnutrition	How long 104	How long 2 or 3 months
Immediate Collapse		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Frank W. Xermin, M.D.	
	Address Salisbury, Md.	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Jones* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death: 190 *6* Month *Oct* Day *6* Age *27* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Geo Jones* Father's Birthplace *Ind*

Mother's Maiden Name *Mary C Jones* Mother's Birthplace *Ind*

Name of person giving information *Mary C Jones* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

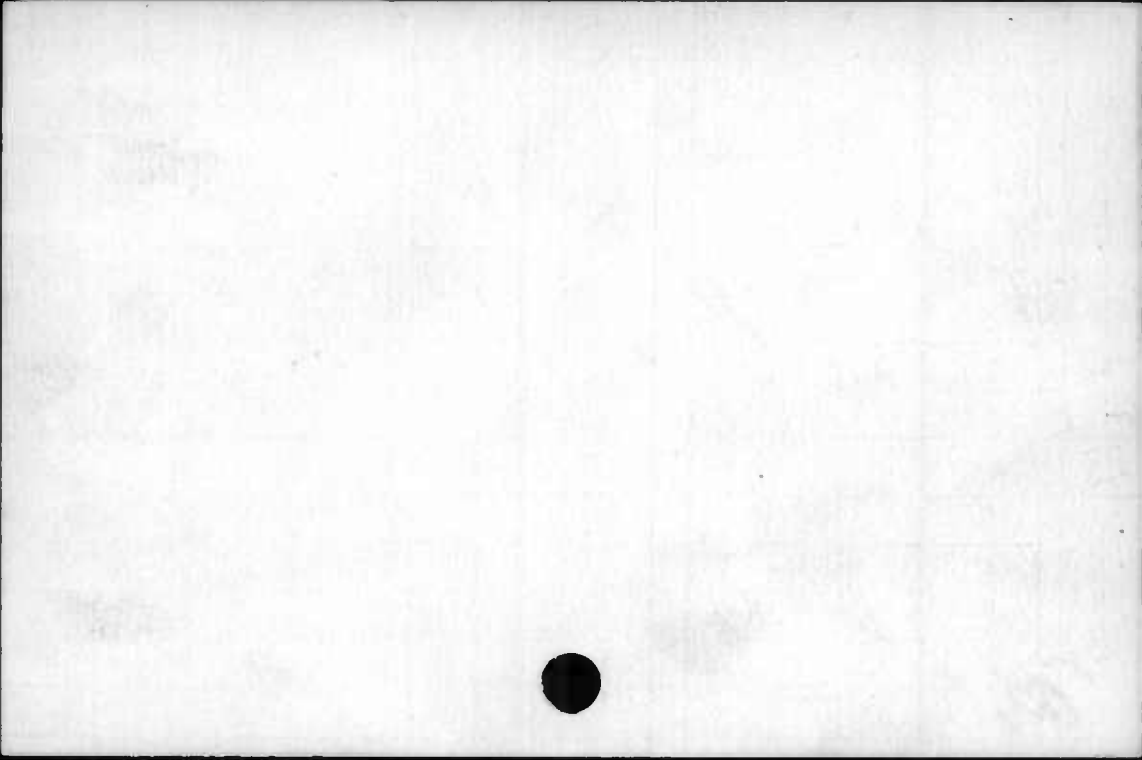
Primary *Tuberculosis* (27) How long *3 months*

Immediate *Tuberculosis* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C R Smith*

Address *Salisbury Ind*

Accident or Suicide?



Name

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Full

CERTIFICATE OF DEATH

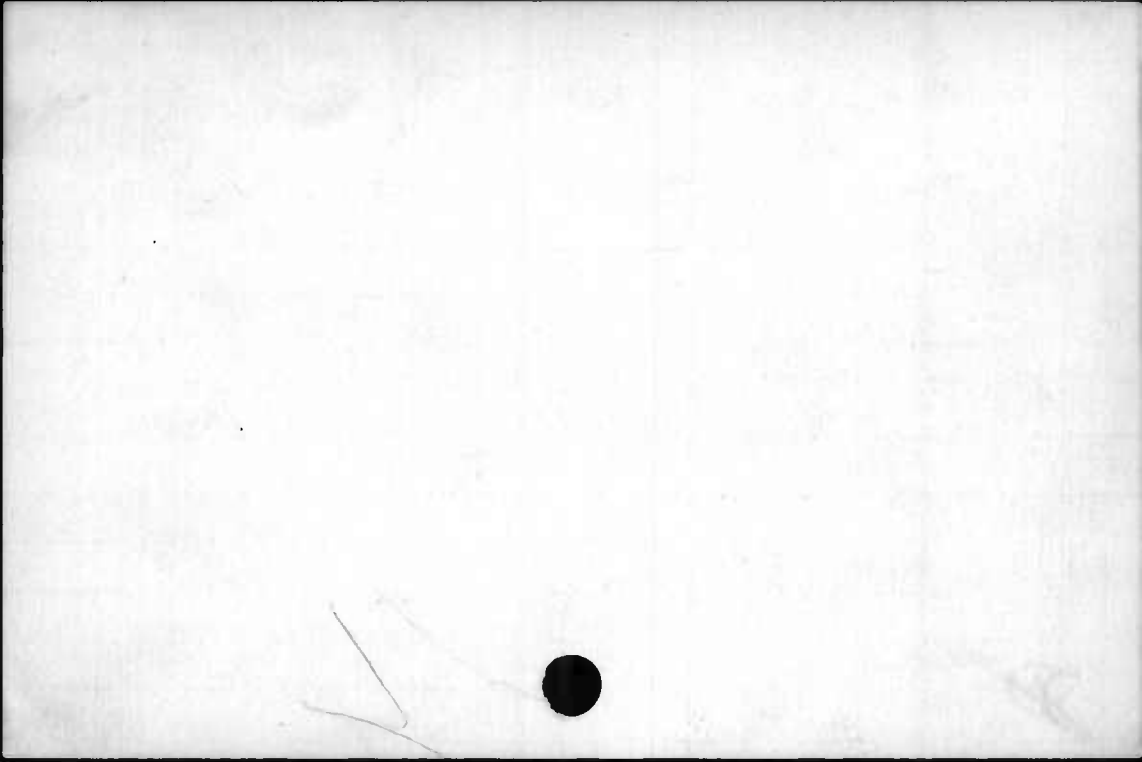
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Larry Livingston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Fountland		Wicomico					
Date of death	1906	Month	Oct.	Day	27 th	Years	20
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	B. P. Livingston				Father's Birthplace		
Mother's Maiden Name	Martha Carey				Mother's Birthplace		
Name of person giving information	Joseph W. Distaroon				How related to deceased		
				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	Dr. J. H. T. Long of Allen
Immediate	I don't know		How long	attended him
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Geo. L. Hill	
			Address	
			Underlaker	
			Salisbury Md.	
Accident or Suicide?				



Name
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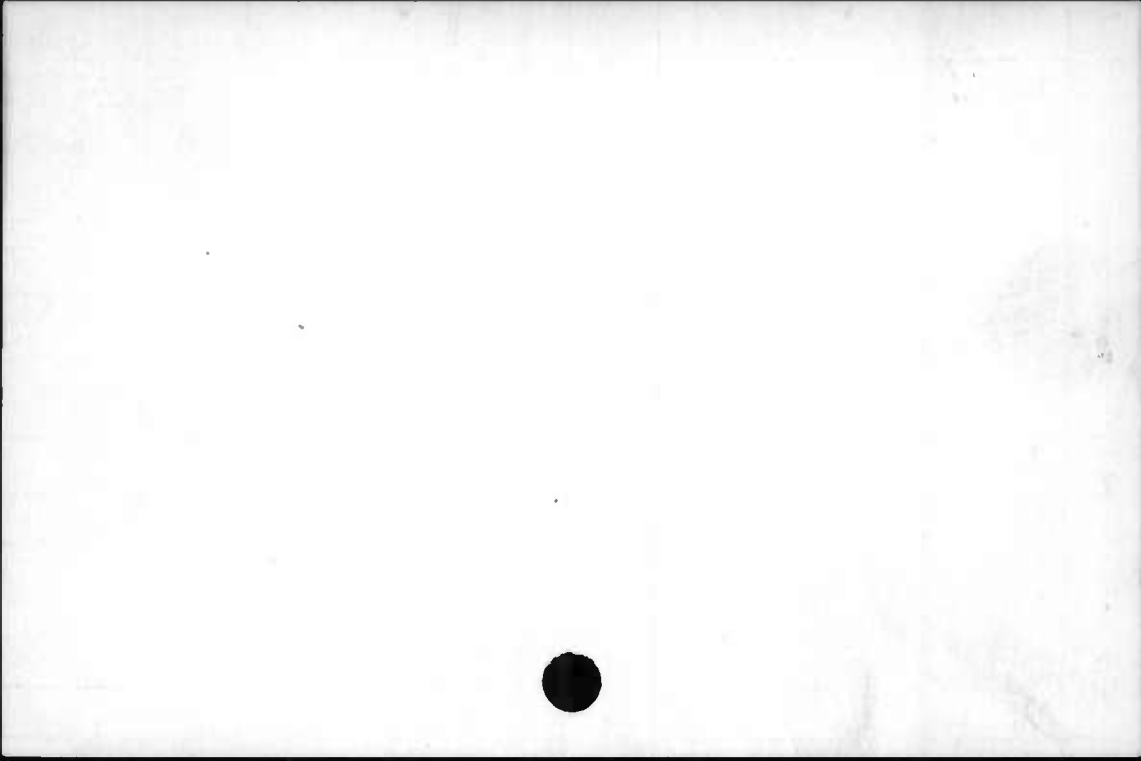
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NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>31</i>	Age	Years <i>78</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Father or Husband <i>James B. Morrill</i>						
Father's Name <i>Samuel Leroux</i>	Father's Birthplace <i>Del</i>						
Mother's Maiden Name <i>Elizabeth Hearn</i>	Mother's Birthplace <i>Del</i>						
Name of person giving information <i>Libby B. Morrill</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malarial Fever</i>	How long <i>6 days</i>
Immediate <i>Kidney Complication & Hematuria</i>	How long <i>day or two</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Reems M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
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Richard H. Mitchell

CERTIFICATE OF DEATH

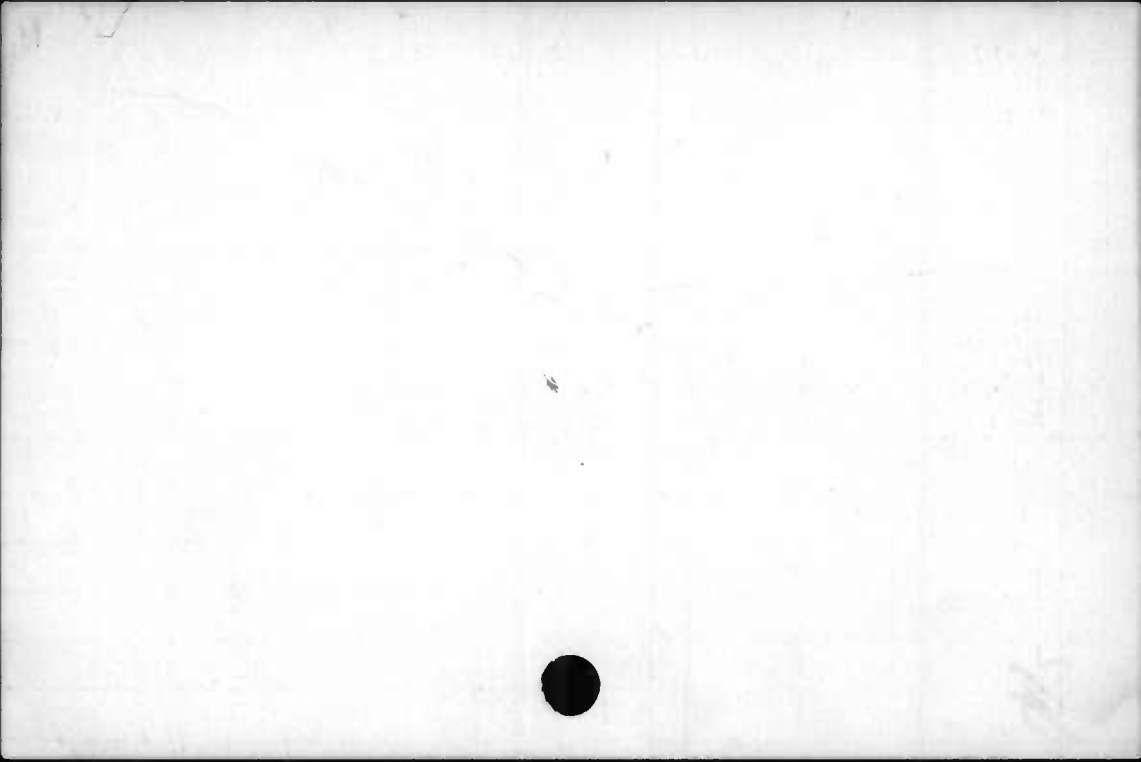
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Oct</u> ^{Month}	<u>6</u> ^{Day}	Age <u>79</u> ^{Years}	<u>2</u> ^{Months}	<u>8</u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Del</u>		
Occupation <u>Lawyer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Ann M Mitchell</u>				
Father's Name <u>William Mitchell</u>	Father's Birthplace <u>Del. & Anne</u>				
Mother's Maiden Name <u>Sallie Mariner</u>	Mother's Birthplace <u>Del</u>				
Name of person giving information <u>George W Mitchell</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Softening of Brain</u>	How long <u>dont know</u>
Immediate <u>dont know</u>	How long <u>dont know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes?</u>	Signature of Physician <u>Geo. W. Lodd</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Stephen Morris*

Died at *Wetzel* Town *Wetzel* County *Marion* MARYLAND

Date of death 1906 *Oct* Month *5* Day *70* Age *70* Years Months Days

Sex *Male* Color or Race *colored* Birthplace *Maryland*

Occupation *Miner* Where Residing if not at place of death *"*

Married, Single or Widowed *"* Name of Wife or Husband *"*

Father's Name *Peter Morris* Father's Birthplace *"*

Mother's Maiden Name *Lena J. Morris* Mother's Birthplace *"*

Name of person giving information *Samuel Morris* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Brain trouble* How long *3 yrs*

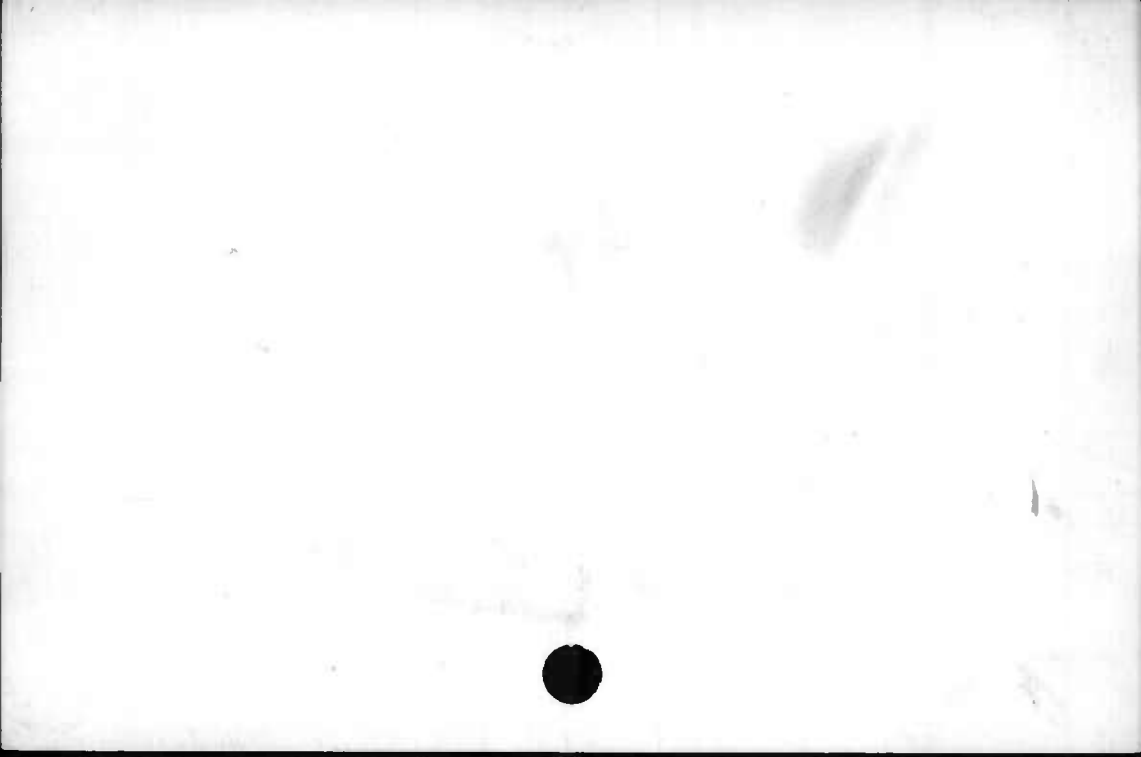
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. J. Oday*

Address *Petersville*

Accident or Suicide? *"*



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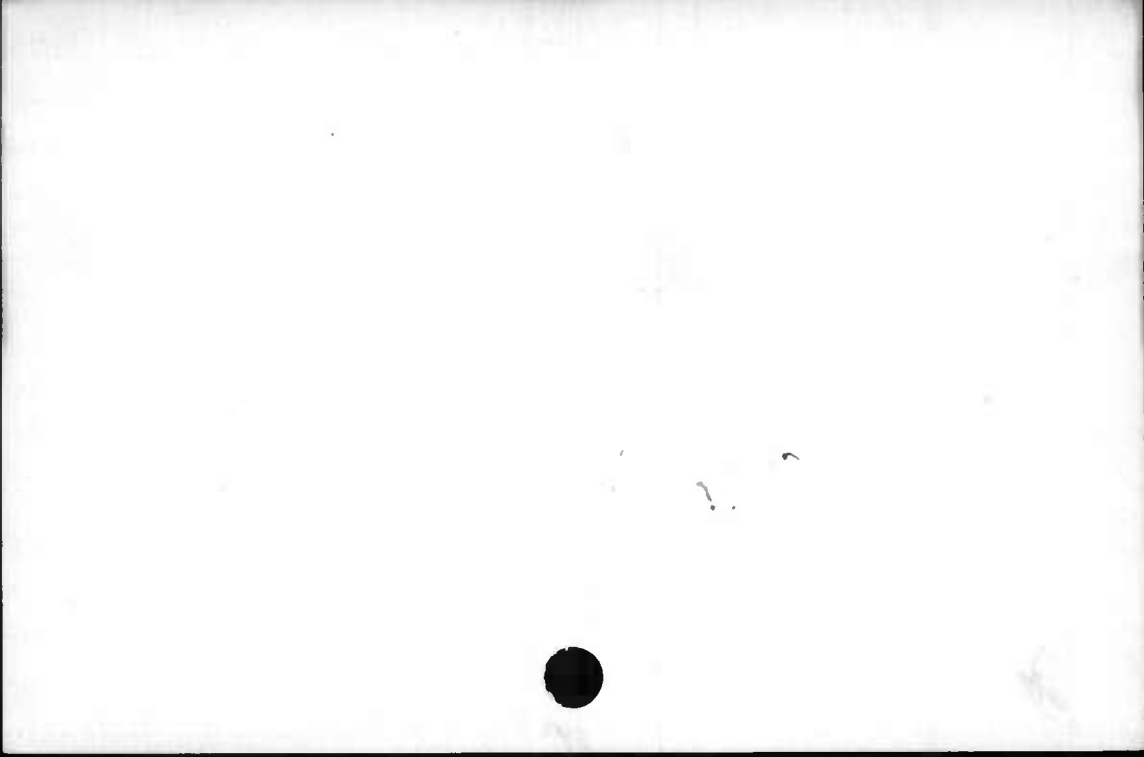
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nanticoke</i> ^{Town}			<i>Wicomico</i> ^{County}			MARYLAND		
Date of death	<i>1906</i>	Month <i>10</i>	Day <i>15</i>	Age	<i>20</i> Years	Months <i>7</i>	Days <i>20</i>	
Sex	<i>Male</i>		Color or Race	<i>Colo</i>		Birth-place	<i>Maryland</i>	
Occupation	<i>Mariner</i>			Where Residing if not at place of death <i>...</i>				
Married, Single or Widowed			Name of Wife or Husband					
Father's Name	<i>Henry T. Mitter</i>					Father's Birthplace	<i>..</i>	
Mother's Maiden Name	<i>Antonia Mitter</i>					Mother's Birthplace		
Name of person giving information	<i>Henry T. Mitter</i>					How related to deceased	<i>..</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>8 months</i>
Immediate	<i>..</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Bishop</i>
		Address	<i>Nanticoke</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Norah O'Brian* Town *Allen* County *Wicomico* MARYLAND

Died at *Allen* Date of death *1906 Oct. 7th* Age *35* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John O'Brian*

Father's Name *Messick* Father's Birthplace *Maryland*

Mother's Maiden Name *Not known* Mother's Birthplace *—*

Name of person giving information *Mrs. Mary E. Price* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dr. J. S. J. Long of Allen had been to see her but not lately. She died of Consumption* How long *—*

Immediate *late* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. C. Hill* Address *Undertaker Salisbury Md.*

As far as I know

Accident or Suicide? *—*



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct.</i>	Day <i>26th</i>	Age <i>18</i> <small>Years</small>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Maryland</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>~~~~~</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>E. P. Rounds</i>			Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name <i>Mary E. Adkins</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Mary E. Rounds</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. M. Glemons M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Gladas Stewart

CERTIFICATE OF DEATH

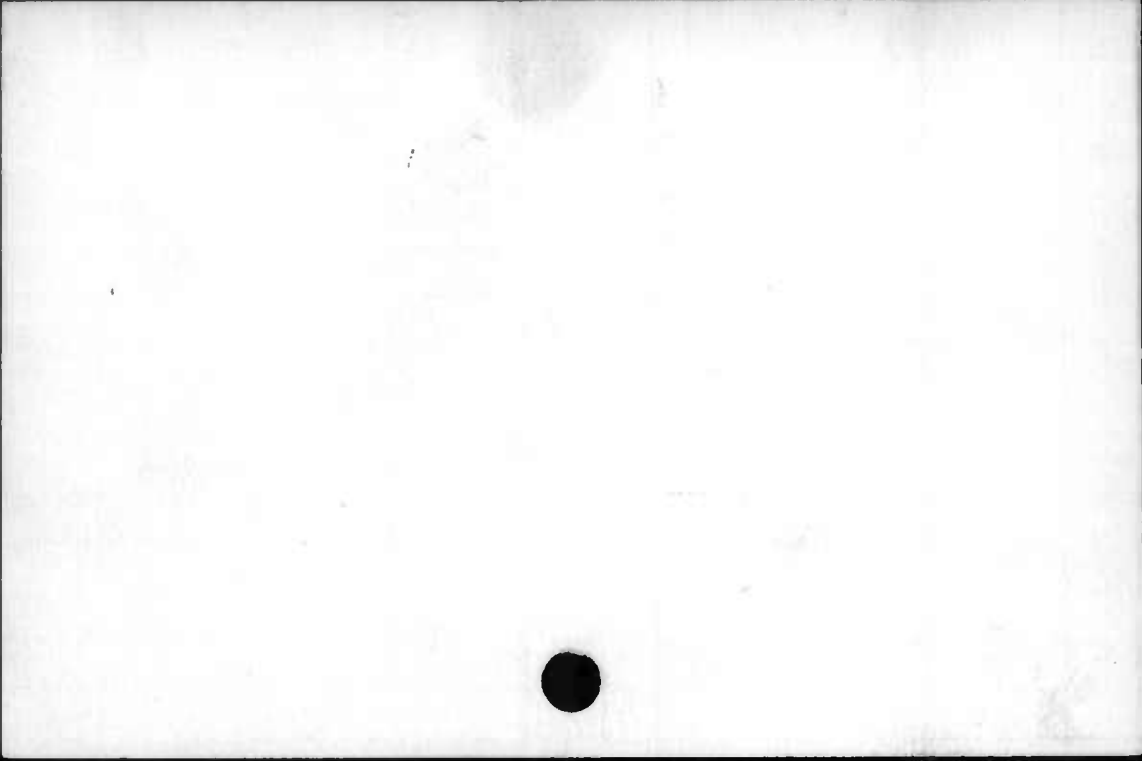
TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town		Wicomico County		MARYLAND	
Date of death 1904 Oct	Month Oct	Day 4	Age 11	Years 11	Months — Days —
Sex Female	Color or Race Black	Birth-place Ind			
Occupation School Girl		Where Residing if not at place of death			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name John Stewart		Father's Birthplace Ind			
Mother's Maiden Name Vertoea Waller		Mother's Birthplace Ind			
Name of person giving information Albert Rideout		How related to deceased Step father			

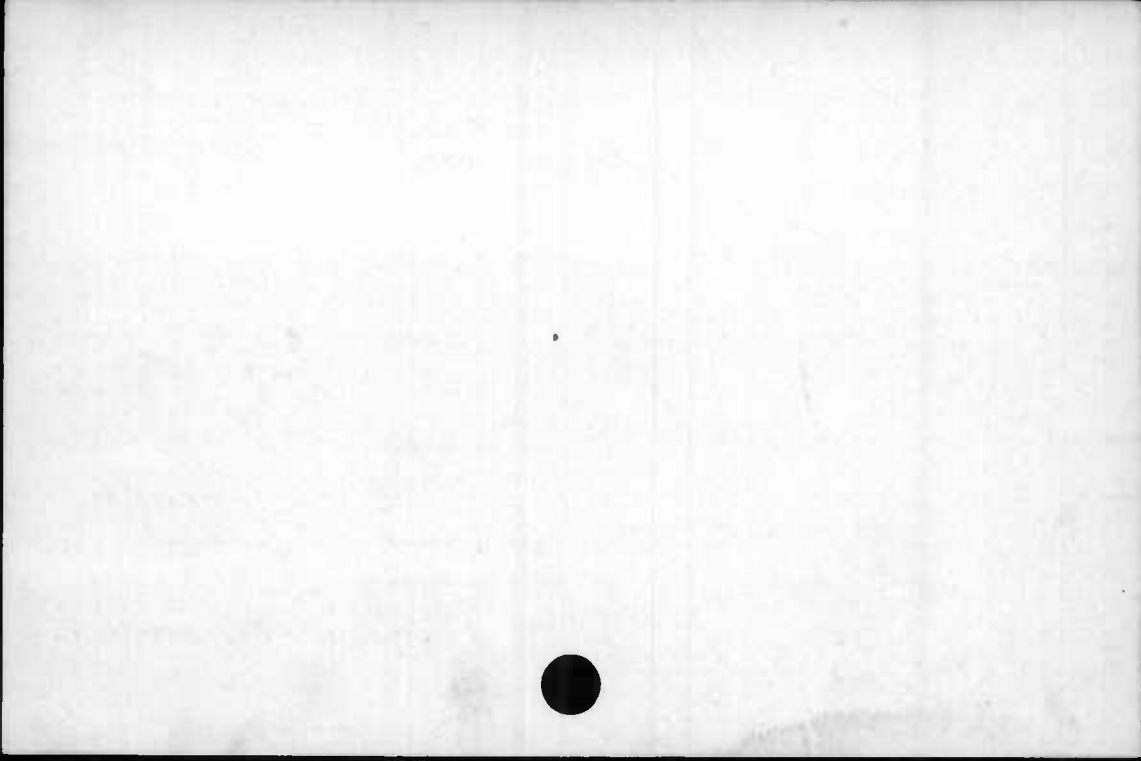
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Burn (from Coal Oil)	How long about 2 weeks
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. H. Todd
	Address Salisbury Md
Accident or Suicide? —	



Name in Full		William P. Taylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Athol</i> <small>Town</small>		County <i>Meconic</i>		MARYLAND		
		Date of death <i>1906</i>		Month <i>10</i>	Day <i>18</i>	Years <i>73</i>	Months <i>—</i>	Days <i>19</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>		
		Occupation <i>Farmer</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband				
		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>				
		Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>...</i>				
		Name of person giving information <i>Jury of inquest</i>		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Heart Trouble</i>		How long <i>4 years</i>				
		Immediate <i>Failure</i>		How long <i>179</i>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. English</i>				
		<i>Coroner</i>		Address <i>Mardela Md</i>				
		Accident or Suicide?						



Name
in
Full

Ella H. Townsend

CERTIFICATE OF DEATH

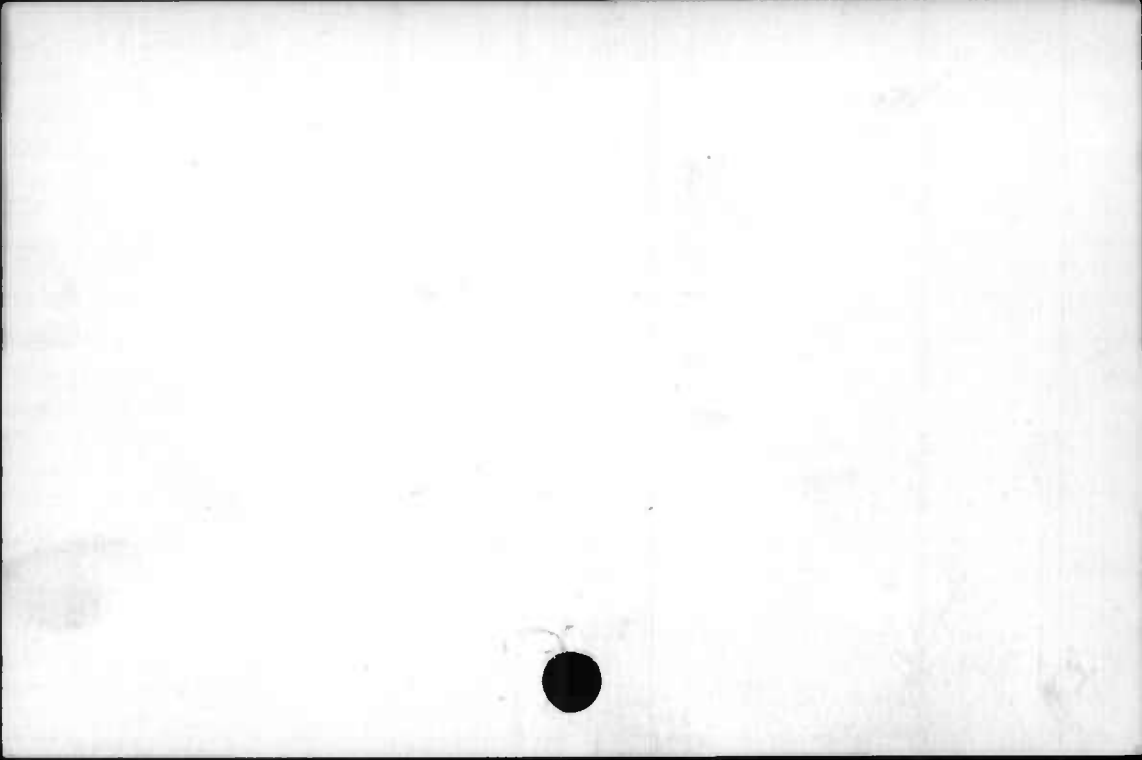
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>Oct</u> Day <u>31</u>	Age	<u>21</u> Years	<u>5</u> Months	<u>22</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>William Townsend</u>		
Father's Name	<u>Samuel J. Huston</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Mary A. Ruston</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Mary A. Huston</u>		How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>1 or 2 years</u>
Immediate	<u>Heart failure</u>	How long	<u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Humes M.D.</u>		
	Address <u>Salisbury Md.</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

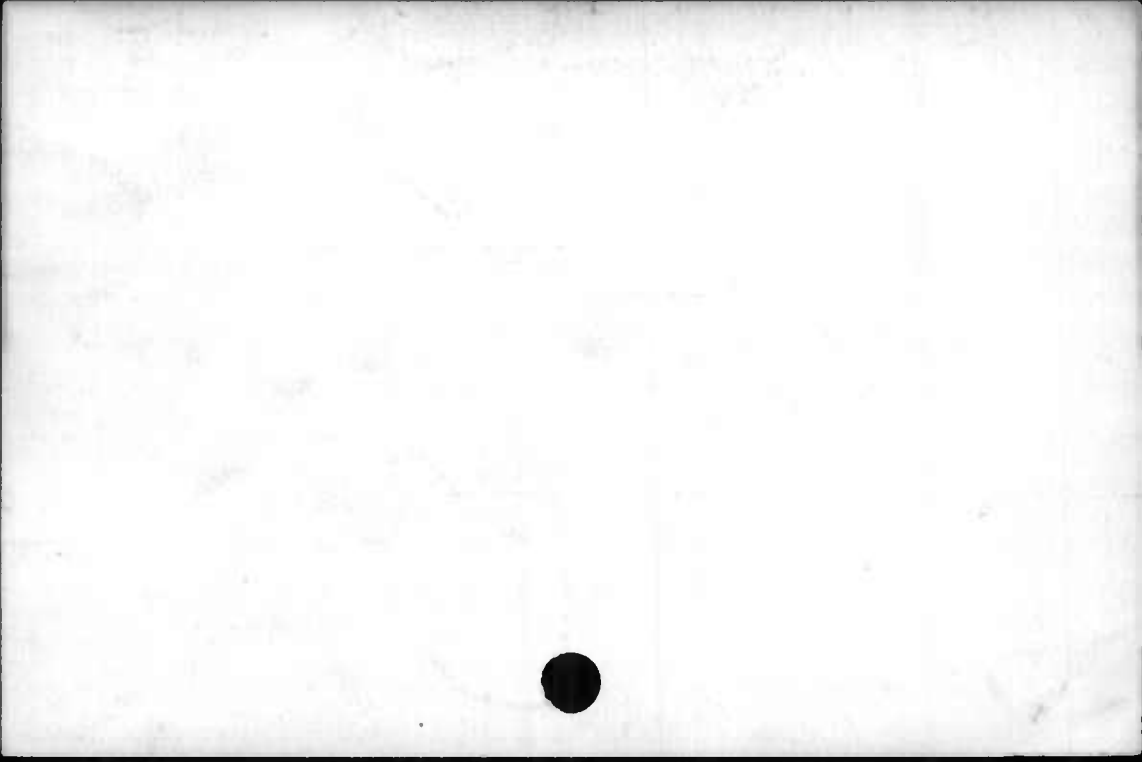
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	10	Day	22	Age	Years
Sex	Female		Color or Race	colored		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Isaac Wallace					Father's Birthplace	
Mother's Maiden Name	Mary, Lister					Mother's Birthplace	
Name of person giving information	Isaac Wallace					How related to deceased	father

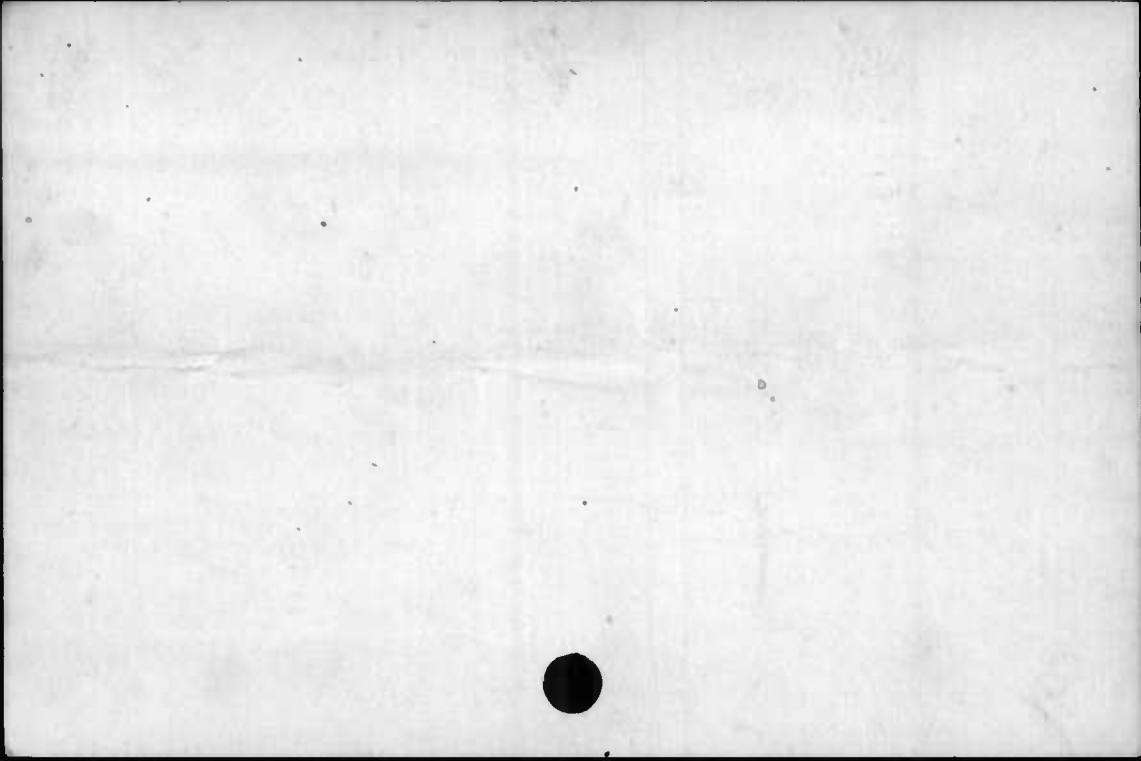
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Cough	How long	4 months
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. B. Oden
Accident or Suicide?	—	Address	—



Name in Full		Geo. W. Waller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Helron	County Wisconsin		MARYLAND	
	Date of death		Month 1906	Day 5	Years 34	Months —	Days —
	Sex		Male		Color or Race	Black	
	Occupation		Farmer		Birthplace	Helron	
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband Annie Quinton				
	Father's Name		Ephraim Waller		Father's Birthplace Helron		
	Mother's Maiden Name		Betty Nelson		Mother's Birthplace Quanton		
Name of person giving information		Geo. W. Waller		How related to deceased uncle			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid fever		How long 8-9 months		
	Immediate		Bright's Disease		How long 3 weeks		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H. C. Conner		
	Address		Helron		M.D.		
Accident or Suicide?							



Name in Full		Infant child Waller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mardela		County Wicomico		MARYLAND	
	Date of death	1906	Month 10	Day 5	Age —	Years —	Months —
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	—		Where Residing if not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Levin Waller				Father's Birthplace	Mid.
	Mother's Maiden Name	Milly Anne Pires				Mother's Birthplace	Mid
	Name of person giving information	Levin Waller				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	unknown				How long	
	Immediate	Shamoo				How long	3 hr.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Coroner				Address		
	Accident or Suicide?				Mardela Md		

